Surveyor Guide and Information Gathering Process

The purpose of conducting transition monitors is to determine that pre-transition planning occurred prior to the individual's move, and if the new provider has identified the individual's needs; has developed and is implementing strategies and supports to meet the individual needs; and if systems are in place to monitor, evaluate and modify supports for the individual as needed. To ensure that the transition is effective in promoting health, safety and well-being for the individual, the surveyor will review the existing individual support and transition plans to identify issues to assist the team in identifying unmet risks and supports needed. The transition monitoring tool consists of a pre-transition quality checklist and seven risk domains that the surveyor will evaluate against the standard to determine if necessary systems and supports are in place and being implemented to address or minimize risks to the individual within each domain. The monitoring process consists of focused conversations with the individual and staff, spending time with the people and document review.

Each risk domain is defined by stating supports, processes and practices that are needed in order for outcomes to be met for the individual within that domain and is related to the success of their transition. Each risk domain has a number of indicators that come from the Council on Quality and Leadership's (CQL's) Basic Assurances® and are used to set expectations for that domain. Under each indicator are "probes" designed to assist the surveyor in determining whether the indicator is met, not met, or if progress is being made toward "achieving" an indicator. Following probes and indicators are suggested information strategies are not meant to be used as a rigid process, but rather as a framework for the surveyor in their decision making.

Review of Pre-Transition Planning (checklist)

	ltem	Met	Not Met
1.	Did the individual or his/her guardian/health care representative choose where to move?		
2.	Did the individual make visits to their new home prior to moving, if appropriate?		
3.	Was a pre-transition meeting held with the individual, their legal representative if appropriate, the transferring provider/team and the receiving provider/team?		
4.	Was a transition plan developed detailing specific tasks that must be completed prior to the Individual's move to ensure a smooth transition?		
5.	Was the individual's ISP and high risk plan (if applicable) updated during the transition meeting?		
6.	Was the receiving provider, including direct support staff apprised of the individual's needs? Including but not limited to: medications, medical conditions and health care needs, mental health and/or behavioral support needs, dietary needs, high risk needs/plan.		
7.	Were the receiving provider and direct support staff trained by the transferring provider to implement the individual's supports and services?		
8.	Was the individual's CCB updated by the case manager and approved prior to the move?		
9.	Was the transition plan reviewed by the transferring provider/team and receiving provider/team, prior to the individual's move to ensure that all necessary supports were in place and all documentation /information regarding the individual was distributed?		
10			
11.	•		

I. The Individual Lives in a Safe Environment

The provider has adapted the new environment(s) so that they are consistent with the needs identified in the individual's risk plan, transition plan, and or ISP. The individual's living environments are safe, sanitary and free of avoidable hazards. The environments meet all applicable health and safety standards. The individual's needed safety supports are identified and provided. Staff and the individual who receives supports are trained in the individual's safety and emergency procedures.

Indicators	Spending Time With People	Conversations With People	Review of Documents
 I.A. The individual has safety supports. Supporting Regulations: 6-9-4; 6-9-5; 6-28-1; 6-28-2; 6-29-7; 7-5-8; 6-29-2; 6-29-4; Probes: Has the individual's ability to be safe in their new environments been assessed? Does the assessment look at the individual's ability to: be safe in the kitchen use cleaning supplies adjust hot water respond in the event of fire or severe weather call for help manage other safety concerns specific to the individual or the particular environment 	 When spending time with the individual note any situations in the environment that may be unsafe. Look for any risk issues in the following areas: Environmental Safety Home Exterior Yard Neighborhood Garage Location Home Interior Walls Doors Windows Sanitation Evacuation Plans Vermin/insect Smoke Detectors 	 Conversation with the individual: Do you feel safe in your home? At work? In your neighborhood? If the individual has limited communication skills, then ask the staff how they might know if the individual feels safe. What kinds of supports do you need to feel safer? What would you do if there was a fire, tornado? If an alarm sounds, do you know what to do? Has anyone ever taught you where to go in an emergency? Is there anything you don't do in your house because you are afraid you would get hurt if you did it? 	 Look at the individual's transition plan, ISP, risk plan, or relative documents to environmental assessments to identify safety issues and supports. Are the individual's safety supports being provided? If there are any specific environmental supports (e.g. non-slip flooring, visual or vibrating fire alarms) needed by the individual, (as identified in the assessment) are they present? Review staff training records related to individual safety supports. Review incident reports since the individual's move.

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3.	Are assessment results, including
	supports needed to be safe at home, in
	his/her community and at work,
	documented in the individual's
	transition, risk and/or support plan?
4.	Is the individual provided needed safety supports?
5.	Does the individual receive supports only to the extent needed?

Water temps Storage Food Quantity

 Check for any aids for emergency evacuation, i.e., blinking lights, working alarms, designated evacuation locations, any responses to evacuation. • Since your move, have you been injured?

Conversation with staff:

- Ask staff about their training specific to the individual. Do they know the individual's safety and emergency procedures?
- If an assessment has not been completed, ask as many staff as possible, including the Case Manager what they know about the individual's safety needs.
- Are you aware of any safety concerns the individual has?
- What safety supports is the individual provided at home, work, community?

I.B. The individual's physical environment promotes health, safety and independence.

Supporting Regulations: 6-29-1; 6-29-2; 6-29-3; 6-29-4;

Probes:

- 1. Do all buildings comply with applicable fire and safety codes?
- 2. Does the individual's living area contain

- Notice if any design modifications that have been made to support the individual.
- Determine if the individual does need any design modifications for accessibility, safety or independence.
- Is the area at an appropriate temperature for the weather?
- Does the individual have access

Conversation with staff:

- Have any design modifications been made to support the individual, or does the individual need any design modification for accessibility, safety, independence?
- Does anyone provide visual safety inspections in the home on a periodic basis?

- Check fire extinguisher for upto-date documented checks.
- Review any documents related to safety inspections of the environment.
- Check work orders or contractor receipts for environmental modifications that match the requirements in the individual's ISP.

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- a working smoke detector(s)?a. Is it tested monthly?b. Is it located in appropriate areas?
- 3. Do the physical spaces and places where the individual lives and works comply with applicable environmental codes (for example, are they free of lead paint, radon, mercury and asbestos)?
- 4. Are sanitary practices implemented to avoid sources and transmission of infections?
- Does the individual's living area conform to the specifications of their transition plan and or ISP?
 a. Have design modifications as specified in the individual's support plan been made to facilitate accessibility and safety?
- 6. If indicated in the individual's transition, risk plan and/or ISP, does the individual's living area contain operable anti-scald devices?
- 7. Do environments have proper ventilation so that the air quality is safe?
- 8. Do heating and cooling systems maintain temperature and humidity in a comfortable range?
- 9. Is the individual's living and work environments sanitary and free of

- to the thermostat or is it locked?
- If it is locked, does staff have access to it, or do they have to call an administrator or supervisor off site to come and change it?
- Are there smoke detectors?
- Are there anti-scald devices present
- Is the water temperature no higher than 110 Fahrenheit?
- Is there evidence that the alarms (detectors) have been checked and are in working order?
- Are sanitary practices used when preparing food and providing assistance to the individual?
- Is the home reasonably clean? No overflowing garbage, carpet may be worn, but should not be dirty or have worn spots; kitchen area should be free of dirt and vermin; floor should be clean.
- Ask the individual to see his/her bedroom. It should be free of unpleasant odors and

- How often are fire drills conducted?
- How does the individual do during emergency drills?
- Does the individual require specialized equipment or for emergencies drills and evacuations?
- Ask the staff if there are any outstanding work orders related to health or safety.
- How long have they been waiting?
- How are sanitation and safety concerns reported?
- Are pieces of broken or worn out furniture removed from the house immediately?

Review documents related to safety information (i.e. work orders, log books or policies).

safety hazards? 10. Is there a system for reporting and responding to environmental hazards? 11. Are sanitation problems and safety concerns corrected in a timely and appropriate manner? 12. If the individual's move results in a geographic change and the need to find a new job or program, have arrangements been made to support the person in finding a job/program? 13. Does the individual have all of their personal belongings from their previous home?	 obvious hazards (e.g. broken items, used food containers, exposed wiring etc) (dust, small items on the floor or unmade beds are not of concern). Check laundry rooms and dryer filters to ensure that lint build-up is being removed. Check to see if dirty laundry is being stored in the same room as clean laundry. Look for evidences of faulty water systems, sewer or septic systems, electrical systems, clogged drains, water damage, guttering, trash or debris around the house or work place, broken furniture and unsafe vehicles used by the individual. 		
I.C. The provider has an emergency plan to promote the individual's safety during an emergency Supporting Regulations:6-9-4; 6-9-5; 6-14-4; 6-16-3; 6-17-3; 6-29-2; 6-29-4; 6-29-5; 6-29-6; 6-29-7; 6-29-8 Probes: 1. Is the individual's staff trained in	 When spending time with the individual note if any special devices are needed to promote safety during emergencies. Note if the devices needed (flashing lights, audible alarms or modifications to the physical environment) are present and 	 Conversation with staff: Has there been an emergency or drill (fire drill) since the individual moved? If so, how did the individual do? Does the individual use specialized equipment for emergencies? Are emergency phone numbers 	 Review policies related to procedures and practices used during practice and actual emergencies or crisis. Review the individual's ISP or related documents for training plans related to emergency response. Review the training plans to

	implementing policies and procedures	functional.		available to all staff and		determine if the staff
	specifically for:	Tuttetional.		individuals living there if		supporting the individual has
	a. when and how to notify law			applicable?		been trained to support the
	enforcement agencies in an		_			individual during emergency or
	J		•	Does the individual receive any		0 ,
	emergency or crisis;			specialized training to		crisis.
	b. scheduling and completing			appropriately participate in	•	Review the way the emergency
	evacuation drills			emergency drills and		numbers are displayed and how
	c. what to do in emergency or crisis,			evacuations?		access is gained to those
	such as tornado, fire, or snow.					numbers (i.e., posted
2.	Does the provider's emergency plan					prominently, in a special book,
	identify what the individual will do in					etc.).
	the event of a fire or severe weather?				•	Check the incident reports for
3.	Are the individual's emergency					that individual to determine if
	numbers readily available?					BDDS was notified of any
4.	If the individual requires alarms, visual					emergency or crisis.
	signals, and/or other modifications to				•	Review documentation for
	evacuate in the event of an emergency,					drills.
	are these available?					
5.	If an individual is medically or					
	functionally unable to follow					
	procedures for dealing with an					
	emergency or crisis, is there					
	documentation in the individual's					
	transition and or support plan that					
	outlines the provider's plans for					
	supporting the individual in an					
	emergency?					
6.	Is the individual and their staff trained					
	in emergency plans?					
7.	Are data from safety drills reviewed					
	and plans for follow-up implemented?					

8.	If a crisis and/or other public		
	emergencies have occurred since the		
	individual's move, were they reported		
	to BDDS on an incident report form?		

II. The Individual Has the Best Possible Health

The individual's health care needs are documented and needed health care supports are being consistently provided. There is a risk plan in place which addresses the major health care risks for the individual. Health care providers (primary and specialty) have been identified based on the individual's required support needs. Any emerging health concerns are acted upon in a timely manner by the staff and team. The new provider has a system in place to respond to acute health care needs and emergencies specific to the individual. Staff is trained and knowledgeable about the implementation of the individual's health care and risk plans. The individual receives medications and treatments safely and effectively under an organized system. Medications and treatments are being administered in accordance with applicable laws and record at the time of administration by trained and authorized staff. Only staff trained to competency is allowed to administer medications and treatments. Any therapeutic and adaptive equipment for the individual are available, fit and are in good repair.

Indicators	Spending Time With People	Conversations With People	Review of Documents
II.A. The individual has quality health care to meet their needs. Supporting regulations: 6-19-1; 6-25-1; 6-25-2; 6-25-4; 6-25-5; 6-25-7; 6-26-1; 7-5-8 Probes: 1. Are the individual's health care needs being coordinated and monitored by a team member identified in their individual support plan? 2. Has the individual's health care providers (primary and specialists) been identified based the on their needs and have appointments been made as	 Observe individual for any obvious signs and symptoms of health problems, i.e. listlessness, agitation, multiple bruising or abrasions, tremors, weakness etc. If the individual's plan indicates a treatment or health care activity that is to occur during the monitor, observe the activity to determine if it matches what is suppose to be occurring according to records, i.e. implementation of a dysphasia 	 Conversation with the individual Have you been to see your doctor(s)? If so, what did your doctor tell you? What did the doctor tell you about your health? Are you taking any medications? Did the doctor (s) tell you to do something special or different to manage your health? Do you know who to talk to if you are not feeling well? 	 Compare the individual's ISP, transition plan, medical history and consult results since the individual's transition to identify chronic health/medical problems that require monitoring or intervention by provider staff. These should be in a written plan such as, a risk plan. The plan should identify when and how these activities should be carried out. Compare requirements for primary care and specialty health care providers in the

	identified in their transition plan?
3.	If the individual has significant health
	care risks, do they have (Risk) plans that
	outline interventions and monitoring
	systems (and when appropriate include
	recommendations of health care
	providers)?
4.	Can staff demonstrate implementation
	of the individual's health needs and
	(risk) plans?

plan during meal time.

Conversation with staff

- What health problems/concerns does the individual have?
- What symptoms do you monitor?
- What do you do for them when you observe them?
- What, who, and how often do you report to others symptoms you are monitoring?
- Do you know the results of the visits to health care providers since the move?
- Do you know who to contact or where to find health information about this individual?
- Can you describe the process you are supposed to use when an individual develops a health concern?
- Can you describe the process used here for making doctor appointments and what you do if you go to an appointment with the individual?

transition plan with documentation of consultations that have occurred, or been scheduled.

- Look for evidence of :
 - Designated health care facilitator for current provider
- Review documentation for evidence of implementation of health processes for:
 - Scheduling appointments
 - Processing information resulting from appointments
 - Communication of health care information to all IST members
 - If there is no clear process or documentation, check to see if there are established policies/procedures from the agency to identify the source of the problem (lack of effective policy, or lack of implementation).
- Review training records to determine if staff currently on

		 What happens with information/prescriptions/ follow-ups/referrals after an appointment with the health care provider? How is information shared with other members of the IST team? Does this individual have a risk plan? What types of things are on the risk plan? Have you received training on the risk plan? 	schedule has been trained in health care needs/risk plan issues. Review incident reports for any reportable incidents related to health care issues since transition or last monitor.
 II.B.Data and documentation supports evaluation of health care objectives and promote continuity of services and supports. Supporting regulations: 6-19-1; 6-25-2; 6-25-3; 6-25-7; 6-26-1; 7-5-8 Probes: Does the individual's personal file contain evidence of current and relevant health care evaluations and screenings? Does the individual's individual file document the results of health care evaluations and screenings made after 	Observe documentation efforts during monitoring. Is it done after an activity, i.e. after a med is given or a meal is monitored, or does it seem to be done at another time after the activity?	 Conversation with the individual (In addition to the questions in A) What help do you need with (supply health issue here) i.e. walking, eating, medication, using special equipment? Do you get the help when you need it? What types of health information do staff ask you about, i.e. what you have eaten, or elimination patterns, how you are feeling? Conversation with staff 	 Review progress and program notes since the individual's transition to determine that monitoring of health care needs are being done by the IST (designated member). Review notes for inclusion of all significant health issues, including chronic and episodic health concerns. Notes include information on degree of change or stability of health issues, and results of health care consults and appointments for the period
their transition, including		(In addition to questions in A)	being monitored.

recommendations? a. Does documentation show that the individual's support team has reviewed evaluations, screenings, and recommendations? b. If recommendations are not being implemented, is there documentation to support why they are not? 3. Does the individual's individual support or transition plan include a description of health care support needed? 4. Does documentation show that the individual consistently receives needed health care supports? 5. Based on the individual's health care needs/issues, are there documentation systems in place for tracking and monitoring their health care patterns (i.e., seizures, dysphagia, weights, bowel movements, sleep, intake, diet, adaptive equipment, etc.)?	 What kinds of health care information do you document regularly? Can you show me where you document this information? How did you learn these documentation procedures? Does anyone in the organization review your documentation, or do you report your results to anyone? Do you know what happens to the information you are asked to record on regularly? Who is the staff member who is responsible for coordinating health care for this individual? 	 Review data tracked and determine if data tracked is consistent with identified health care needs listed in ISP, transition plan, and risk plan. Review health care recommendations to determine if the IST has reviewed recommendations and what action was taken.
6. Does documentation show that the individual's health care supports are reviewed routinely by an individual qualified to do so?7. Is there evidence to support that data		

goals?

are used to assess effectiveness and progress towards achieving health care

8. Are staff trained and can they

demonstrate consistent, timely, and accurate documentation of health supports given? II.C.The individual receives medications and treatments safely and effectively. Supporting Regulations: 6-9-4; 6-9-5; 6-10-7; 6-10-10; 6-14-4; 6-16-3; 6-17-3; 6-25-3; 6-25-4; 6-25-5; 6-25-6; 6-25-7; 6-25-8; Probes: 1. Is the individual provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders? 2. Is the individual's staff trained in why medications are being administered? a. Does this training also include how	 Look for evidence that adaptive equipment is present and being used per program recommendations (i.e. adaptive equipment at meal time, use of communication devises, adaptive supports, eye glasses, hearing aids) Observe that adaptive devises are clean, in good repair and are functional. Observe a medication pass if there is a problem identified from medication errors, or a concern resulting from a past 	 Conversation with the individual What help do you need with (supply health issue here) i.e. walking, eating, medication, using special equipment? Do you get the help when you need it? Ask the individual to show you the adaptive equipment or devises that are listed in the transition, ISP or support plan. Ask the individual to demonstrate how they work if appropriate. Do you take medication? If so, 	 Review the MAR for: Accuracy in recording Adherence to established procedures Completeness of information (medication name, dose, frequency, directions for administration if needed) Does the provider follow its written protocol for administering PRN medications and treatments, which include: administering medications as prescribed,
 Is the individual provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders? Is the individual's staff trained in why medications are being administered? 	 eye glasses, hearing aids) Observe that adaptive devises are clean, in good repair and are functional. Observe a medication pass if there is a problem identified from medication errors, or a concern resulting from a past monitor. Check medications to determine if they are stored 	 Ask the individual to show you the adaptive equipment or devises that are listed in the transition, ISP or support plan. Ask the individual to demonstrate how they work if appropriate. Do you take medication? If so, do you know why you need it? Do you take medication by yourself? Do you need help 	directions for administration if needed) Does the provider follow its written protocol for administering PRN medications and treatments, which include: administering medications as prescribed, recording the individual's response, and documenting according to the medication
 → monitor side effects? → recognize and prevent dangerous medication interactions? 3. Does the individual's personal file contain appropriate documentation from all providers responsible for administering the individual's medication: 	and secured as outlined in the ISP.	with this? If so what kind of help do you get? Do you have any concerns about your medications or treatments that you are now receiving? • Do you sometimes refuse your medication or treatments (ask only if record review	 administration record? Does the provider have administration procedures that clearly outline staff responsibilities in medication administration, storage and handling, recording, medication errors, controlled

indicates)? Why is that?

substances?

a. administration of medication.

- b. individual's refusal to take medication.
- c. medication side effects.
- 4. If the individual has had any medication errors, adverse reactions or drug side effects, did staff promptly report and respond to the situation in accordance with the provider's policy and procedures?
- 5. Unless otherwise included in the individual's self-administration procedures, are medications, including non-prescription drugs, stored:
 - a. In the original labeled prescription container
 - b. in a locked area at room temperature
 - c. in a locked area in the refrigerator if that is needed
 - d. separate from non-medical items
 - e. under prescribed conditions of temperature, light, humidity, and ventilation

Conversation with staff

- Does the individual have any adaptive equipment they regularly use? What is the purpose of the device?
- How did you learn to use it?
- Is there equipment that came with the individual that you do not use, or have not been taught to use?
- Do you give (name individual) medications? With the MAR ask the staff what condition each medication treats and what side effects are they looking for (just one or two). Have they seen any side effects? If yes, what did they do with that information?
- Is the individual capable of giving themselves their own medication, or being more independent in taking medication? Are they on a self-medication program?

- Review training records to determine if there is a system for providing training for initial and periodic review in medication administration and transcription.
- Are staff working on the day of the monitor trained in medication administration. Are staff able to identify and give a description of the medication(s) given and major side effects?
- When an individual has been identified as being on a selfadministration program, look for evidence that the program is being conducted according to the plan.
- Through discovery on MAR or through incident reports, identify the presence/absence of medication errors. When errors are present, review records either in the home or facility office. Review for evidence of resolution to the error via: procedural change, education of staff, or evidence of monitoring interventions by

	supervisory/management staff. • When a problem is identified in any of the above areas, review the facility policies as procedures to identify source of problem (lack of effective policy, or lack of implementation of procedurand policy). • Review for evidence that the has been a review by the designated health care facilitator of effectiveness of problems with medication a treatment on a periodic basis as determined by facility policy and procedure and regulation.
II.D. The individual's health needs are addressed in a timely manner when changes occur. Supporting Regulations: 6-17-3; 6-19-1;	 Conversation with the individual What do you do when you feel sick? Does staff help you when you get hurt or do not feel well? Review of documents Review of documents Review of documents seview of documents see if reportable incidents/medical
6-19-6; 6-25-3; 6-25-7; 6-25-8; 6-25-9 Probes:	 What are some of the things they help you with? emergencies were processed if problems were acted upon
When the individual has physical or behavioral changes, complaints of illness, accidents and injuries, does support staff recognize and report	 What happens when you go to a doctor's appointment, do staff help you with that? Is there a nurse that comes to in a timely manner, and investigated and resolved as needed. When a problem is identified

these events within 24 hours to the
individual identified in the ISP as
responsible for overseeing the
individual's health care?

- 2. Does the provider have a process for ensuring acute health changes are assessed by a qualified health care practitioner in a timely manner?
- 3. Does the individual's health care support staff recognize the need for timely transfer to alternative care and treatment?
- 4. Does the system for ongoing communication between the individual's health care support staff, and outside health care staff, promote continuity of care?
- 5. Does the individual's personal file document hospital summaries that include the discharge diagnosis, current health status, necessary follow-up instructions, and any restrictions or limitations?
- 6. To provide a clear picture of the course of the illness or injury, the treatment provided, and the individual's current status from the time of identification through resolution does the individual's personal file document any:
 - a. acute health changes
 - b. monitoring completed

your house? Do you talk with the nurse about your health or when you are sick?

Conversation with staff

- What health issues of the individual do you have to be most concerned about?
- How do you know they are getting sick? What do you need to watch for?
- When the individual gets sick, what do you do? (action taken, notifications, record keeping).
- When the individual gets hurt or injured, what do you do? (action taken, notifications, record keeping).
- When you take someone to a doctor's appointment or other health care provider, do you bring anything with you?
 What typically happens at the appointment? Do you get any written information from the doctor? If so, what do you do with it? Are you supposed to write anything about the appointment or tell anyone

- in this area, review the facility policies and procedures to identify source of problem (lack of effective policy, or lack of implementation of procedure and policy).
- Review risk plans to determine if current health concerns are in plan and match practice as told by staff.
- Review medical records to determine if documentation from doctors' appointments, hospital or ER visits, or other health care providers has been accomplished according to needs.
- Review IST/nursing progress notes to see if new health care concerns have been assessed and any needed changes have been reflected in risk plans, or ISP plan of care.
- Review training records if new health care concerns require a change in health care actions of the staff.

 c. results of interventions 7. Are the health care supports in the individual's support plan modified in a timely manner based upon acute health changes? 8. If necessary, has the individual identified in the ISP as responsible for overseeing the individual's health care developed tracking record(s) for all providers to use to document the individual's health issues (i.e., seizures, asthma, blood glucose, etc.)? 		 about the appointment or the results? Does a nurse come to the house? How often? What types of things does the nurse check or ask staff? When there is a need to give a "prn" medication or treatment, what happens? Who decides? What is the process? How does it get recorded? How are routine/periodic appointments, labs, etc managed? Have you met with or talked to other members of the IST team regarding the status of (name individual) health or health care needs? What was discussed? 	
II.E.The individual's staff immediately recognizes and respond to medical emergencies.	 Review medical equipment in the home to meet the individual's needs. Is the equipment accessible 	 Conversation with the individual Have you had to go to the hospital or emergency room since you have been here? 	Review incident reports, daily logs, and progress notes, to see if reportable incidents related to medical
Supporting Regulations: 6-14-4; 6-29-3 Probes:	when needed?Is emergency medication	What happened that you needed to go?	emergencies were processed, if problems were acted upon
Do all staff in direct contact with the individual receiving support have a	available in the right dose and quantity?	Is there something you are supposed to do to prevent	in a timely manner, and investigated and resolved as

minimum of First Aid, CPR and general	another emergency of this	needed.
medication training, including how to	type?	When a medical emergency
recognize harmful side effects?		has occurred, is there
2. As identified in the individual's support	Conversation with Staff	evidence in the record of a
or transition plan, is emergency medical	 Has (name individual) had a 	team review to assess the
equipment available, well maintained,	medical emergency since	need for a change in approach
clean, and functional to respond to a	transitioning? What was the	to prevent or minimize the
potential emergency?	emergency? What was done?	occurrence of future
3. If an emergency occurred, were medical	 As a result of that emergency, 	emergencies.
emergency responses implemented	was anything changed about	When a problem is identified
effective and decisive?	how you are supposed to care	in this area, review the facility
	for (name individual)?	policies and procedures to
	 Have you been trained in First 	identify source of problem
	Aid, CPR?	(lack of effective policy, or lack
	 Are there special emergency 	of implementation of
	procedures that need to be	procedure and policy).
	done because of special risk	Review training records. Has
	factors (choking, seizures, and	all staff been trained in CPR,
	allergic reactions)?	First Aid?
		If a special need in emergency
		response (i.e. seizure
		management, or allergic
		reaction) has been identified
		as a risk for the individual, are
		procedures in place for this

response and have staff been trained in these procedures?

III. The Individual Receives Positive Behavioral Supports

Individuals who display behaviors that are harmful to self or others are provided behavioral support services from a behavior clinician and implemented by all service providers in the new setting. The behavior support plan has been modified as needed to reflect needed supports in the individual's new environment. A behavior support plan (BSP) should be directly based on the information of a functional assessment of target behaviors: the plan should be technically sound (consistent with the principles of human behavior; the plan should be a good fit with the resources, skills and routines of the people responsible for implementation). The BSP must include 1) operational definitions of problem behaviors, 2) prevention strategies, 3) plan to teach replacement behaviors and new adaptive skills, 4) procedures that reward positive behavior and minimize reward from problem behavior, 5) safety/emergency intervention plan outlining what to do if/when problem behaviors occur, 6) data collection system, and monitoring and evaluation process. If an individual receives psychotropic medication, the BSP must include a monitoring and reduction plan. Plans with restrictive strategies and psychotropic medications require informed consent and review by a Human Rights Committee in addition to the IST.

Indicators	Spending Time With People	Conversations With People	Review of Documents
III.A. The individual receives positive behavioral supports. Supporting Regulations: 6-10-10; 6-10-13; 6-14-4; 6-17-3; 6-18-1; 6-18-2; 6-18-3; 6-18-4; 6-18-5; 6-18-6; 6-19-6; 6-35-7; 7-5-8; Probes: 1. If the individual causes injury to himself/herself or others, does he/she receive supports through a behavioral support plan (BSP)?	 During the monitor, observe the individual's behaviors and staff interactions/responses to the behaviors. Look for any procedures being implemented that have not been through due process. 	 Conversation with the individual: What kind of mental health and/or behavioral supports do you receive? Conversation with staff: Does the individual display behaviors that are harmful to them or others? Do they display other behaviors that you are concerned with that are not addressed in the BSP? 	 Review the individual's behavior support plan. Is it based on information from a functional assessment? Has the functional assessment ruled out medical causes for the behavior? Is there a clearly stated reason (hypothesis) for what is causing the behavior? Does the plan include teaching replacement behaviors related
2. Has the individual's BSP been		Have you observed any	to the function (reason) of the

developed by a qualified professional
and/or someone who knows the
individual well across all settings?

- 3. Is the BPS based on a functional assessment of the individual's behavior within the context of their new environment(s)?
- 4. Does the BSP include:
 - → teaching functionally equivalent behavior strategies?
 - using non-aversive strategies to support the individual in learning functional and useful replacement behaviors?
- 5. Has the BSP been implemented only after the team has ruled out physical and environmental issues contributing to the individual's behavior?
- 6. Is only support staff with prior training responsible for implementing the BSP?
- 7. Does staff documentation include descriptions of:
 - → what precipitated the targeted behavior
 - → activities that helped alleviate the targeted behavior
 - → date/time that targeted behavior occurred
 - → length of time targeted behavior lasted

- problem behaviors since the individual moved? How often do the behaviors occur?
- Have the behaviors resulted in injury, restraints, PRN medication, law enforcement involvement, etc. If so, review the incident reports, behavioral data, team meeting notes, etc.
- Do they have a behavior support plan that addresses their problem behaviors?
- Talk with them about their knowledge of the plan and interventions, including teaching replacement behaviors. Do they believe the plan addresses the problem behaviors and is effective?
- Are data being collected and does that data demonstrate effectiveness of the procedures?
- What kind of data and documentation are you responsible for keeping? Ask to see the documentation.

- individual's behavior?
- Is there a documentation system for tracking and monitoring behavior?
- If the BSP was written prior to the individual's move, has the team reviewed the plan to determine if it is appropriate in their new environment? If not, is a new functional assessment and plan in process? Has the team developed interim procedures to keep the individual and others safe until an assessment and plan is developed?
- Is there evidence that the "sending" agency's IST was involved in the planning of the ISP with the "receiving" agency's IST?
- Is there documentation to show that the Case Manager, Behavior Clinician and IST are monitoring the individual's behavior/progress and making revisions in the individual's plan when warranted to address their problem behaviors? Review behavioral data,

 8. Does the provider have a system to monitor the implementation of the behavior support plans? 9. If the individual has had a behavioral emergency, did the provider implement policies and procedures that ensured a rapid, effective, and appropriate response? 		 monthly/quarterly summaries completed by team members. Are data being kept for replacement behavior? Review shift-change notes or records to learn of behavioral episodes during shifts. Review any reportable incidents involving the individual being surveyed to determine any behavioral procedures used during the incident.
III.B. The individual is free from unnecessary, intrusive interventions. Supporting regulations: 6-9-2; 6-9-3; 6-9-4; 6-9-5; 6-10-13; 6-14-4; 6-18-2; 6-18-3; 6-18-4; 6-18-6; 6-18-7; 6-19-6; 6-25-3; 6-35-1; 6-35-2; 6-35-8 Probes: 1. Does the individual receive only the amount of behavioral and medical support necessary to prevent harm to self or others? a. Is the individual monitored for drug side effects on a regular, systematic basis? b. Is there a medication reduction plan?	 During your monitor look to see if there are restrictions that affect other people (i.e. locking up food, sharps, individual's items, etc.) Look for any signs of locking devices or alarms. Look for chairs (geri) or other furniture that can double as a restraining chair. Look for small, bare rooms that can double as timeout rooms. Look in locked storage cabinets or closets for individual's private property. Do these supports involve the use of any restrictive techniques such as restraint and time-out? Are there any general practices or rules you must abide by? Are there any practices like taking your things and putting them away so you may not use them when you want to? Do you have to ask a staff to unlock your things that are locked up? Do you have any alarms on your doors in your home? 	 If the individual is on psychotropic medication and /or any restrictive procedures are being used, is there a reduction plan outlined? If there are intrusive or restrictive procedures (including medication) being used is there is documentation for informed consent and HRC approval? Does the behavior support plan outline reduction plans for restrictive procedures? Is the use of restraints documented?

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- 2. Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective?
 - a. Is it also clear that the severity of the individual's behavior justifies incorporating highly restrictive/intrusive procedures into the BSP procedures including, but not limited to, physical restraint, psychoactive medication, and/or timeout?
 - b. Has this evidence been made clear? Is there documentation?
- 3. If the individual has a behavior intervention plan that includes highly intrusive procedures or other restrictive techniques, did the individual or the individual's legally authorized representative provide prior written informed consent?
- 4. If the individual has had restraint devices or restraint procedures, were these applied only by staff that can demonstrated how the device or procedure should be used?
- 5. Does the individual's behavior support plan integrate all strategies and supports used to reduce behavior, intrusive/restrictive procedures, including psychopharmacologic supports?

- sharp knives or kitchen utensils might be kept away from the individual.
- Look for" house rules" that restrict an individual's access to the environment in any way.
- Note if any restrictions are applied to the individual that might restrict any personal property.

Conversation with staff:

- Does the individual have any restrictive or intrusive procedures in the behavior support plan? If so, what are they?
- Have any of these restrictive procedures or other procedures not in the individual's plan, been used since the individual moved?
- How are restrictive or intrusive procedures documented?
- What training have you received on the use of restraints and other restrictive procedures?

- Is there documentation on the use of restrictive procedures?
- What training has staff had?
- Is there documentation of IST review following the use of restraints and other restrictive procedures?
- Is there documentation showing that the individual's medications are reviewed by the IST?
- What kind of information is shared with the psychiatrist?
 How is medication changed and how are changes communicated with staff?
- Is documentation kept on medication side effects?
- Review any injury reports to determine if injuries occurred during the implementation of a behavioral procedure or use of a behavioral device.

6. Does the provider regularly and		
systematically monitor the individual		
for adverse effects of all		
intrusive/restrictive procedures,		
including drug side effects?		
7. If the individual has had an emergency		
behavior intervention, did the		
individual's support team meet no		
more than 5 days later to review and		
determine next steps?		
a. Has the support team document its		
assessment of the use of the		
emergency measures?		
b. Did the support team decide if the		
incident and the emergency		
measures were isolated and will		
likely not be repeated?		
c. Did the support team decide if the		
incident and emergency measures		
were part of an increase in		
behavioral patterns and will likely be		
needed again?		

IV. The Individual is Free from Abuse, Neglect, Mistreatment and Exploitation

The individual is safe in his/her new home, and free of abuse, neglect, mistreatment and exploitation. The provider has given the individual information and insured the individual understands his/her right to be free from abuse, neglect, mistreatment and exploitation, and how to report their concerns. Staff is trained and knowledgeable on what constitutes abuse, neglect, mistreatment and exploitation, and knows how to report allegations of abuse and neglect. The provider implements policies and procedures that define, prohibit, and prevent abuse, neglect, mistreatment and exploitation. The policies outline procedures for reporting and investigating possible abuse and neglect.

Indicators	Spending Time With People	Conversations With People	Review of Documents
IV A. The individual is for a frame shore		Comment on with the individual	Deview the policies and green during
IV.A. The individual is free from abuse,	Observe ways in which people	Conversation with the individual:	Review the policies and procedures
neglect, mistreatment and	are being treated by others.	Have you experienced any	to determine if there is a practice
exploitation.	 Are staff interactions respectful 	injuries since you moved? If	to give individuals information
	and positive?	so, what caused it?	regarding being free from abuse,
Supporting Regulations: 6-9-2; 6-9-3; 6-	 Do people strike out at others? 	 Have you been hurt by 	neglect, mistreatment and
9-5; 6-18-2; 7-5-8	 Note any injuries that the 	anyone?	exploitation.
Probes:	individual may have and ask	 Does anyone yell at you? 	
1. Has the individual been provided	about how it happened.	If you have been hurt by	Check the Transition and Risk plan
understandable information about their	Is the individual reluctant to	someone or yelled at, whom	and ISP to determine if the person
rights to be free from abuse, neglect,	approach staff or others in the	did you tell? What did the	has supports provided to address
mistreatment and exploitation?	environment?	individual do about it?	effects of abuse if the person has
2. Is the individual supported to report	Does the individual cower or	Has anyone tried to take your	been subjected to abuse.
allegations of abuse, neglect,	back away when others	money or things away, or try	
mistreatment and exploitation?	approach them?	to get you to give away your	
3. If the individual causes injury or harm to	 Is staff frequently giving 	money or things to them?	
himself or others, does the individual	demands or commands?	What does it mean when	
receive supports to replace those		people ask you if you have	
behaviors?	Are people given choices?	people ask you if you have	

 4. If the individual has been subjected to abuse, neglect, mistreatment or exploitation, does the individual receive full supports to mitigate the effects? a. Has the individual been afforded supports to address the effects of the abuse even if: → the abuse occurred before entering into the provider's system? → the perpetrator is another individual who receives supports from the provider? 	Are people reinforced for positive behaviors or is staff frequently telling them what not to do?	 been abused, neglected, exploited? Whom would you tell if are abused, neglected or exploited? Have you ever been abused, neglected or exploited? Do you feel you need support now to help you with what happened before? Conversation with staff: Are you aware of any current needs the individual has related to past incidents of abuse, neglect, mistreatment or exploitation? Ask the staff to explain their practice when an allegation is made against someone. Determine if staff knows about reporting requirements, investigation requirements and protection of the individual that is required. 	
IV.B. The individual's support staff knows how to prevent, define and report allegations of abuse, neglect, mistreatment and exploitation. Supporting Regulations: 6-9-2; 6-9-3; 6-9-5; 6-14-4; 6-16-2; 6-16-3;		 Conversation with staff: Has this individual ever told you about being abused, neglected, mistreated or exploited? If so, what did you do in response? 	 If there has been an allegation of abuse, neglect or exploitation for that individual, ask to see the incident report and any other documentation

 Probes: Has the individual's support staff received training over the past year on what constitutes abuse, neglect, mistreatment and exploitation? Does this training include how to prevent, define, and report incidents of abuse, neglect, mistreatment, and exploitation? Can staff define abuse, neglect, mistreatment and exploitation, and describe reporting procedures? Does the provider report all required events to the BDDS office within 24 hours? To APS? 		 What is your role in assisting the individual to exercise their right to report abuse, neglect, mistreatment or exploitation? What do you do if you observe someone being abused, neglected, mistreated or exploited? Who do you report the incident to? 	related to reporting and investigation of the incident. Review staff training records
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V. The Individual's Rights are Protected and Promoted

The provider supports the individual to exercise their rights and responsibilities. Any supports in the new environments that may restrict the individual's choice, freedom of movement, or privacy, are reviewed by the team. If needed, the individual is provided training and support to make choices and exercise their rights. The individual's need for and scope of advocacy, and guardianship is assessed and modified as required by the new setting. Informed consent and HRC approval have been obtained for any interventions or treatments that are restrictive, intrusive and infringe on the individual's rights restrictions (i.e. interventions provided to other people that infringe on the individual's rights, i.e. Door alarms, money, diets, etc).

Indicators	Spending Time With People	Conversations With People	Review of Documents
V.A. The individual is supported to	 Look for ways that people are 	Conversation with the individual:	
exercise their rights and responsibilities	exercising their rights. Do they	What do you know about your	
	move freely? Is the phone	rights as a citizen?	
Supporting regulations: 6-8-2; 6-8-3; IC	accessible? Do they have	What have you been told about	
12-27	access to their personal	your rights since you moved	
Probes:	possessions? Are there areas in	into this house?	
1. Has the provider assessed the	the home that people are	What rights are important to	
individual's abilities to exercise their	restricted from? Are there	you?	
rights, especially those rights that are	cabinets or closets that are	Are there things you want to do	
most important to them?	locked? Are there any	that you have been told you	
2. Is the individual provided needed	restrictions that impact	cannot do?	
supports to exercise the rights that are	everyone?	Were you allowed to do things	
important to them?		where you lived before that	
3. Does the individual have access to		you cannot do now in your new	
personal possessions, use of the phone,		home? What are they?	
visits with family and friends, money,		Does anyone open and read	
food, etc.?		your personal mail?	

Does staff listen in on your
telephone calls?
Do you visit with family and
friends as much as you like?
Do you have a place to visit
with your family and friends
that is private?
Does staff provide medical
treatments for you in places in
your home where others can
see you getting the treatment?
Are there places in your home
where you cannot go unless a
staff is present with you?
Do you spend your own
personal money the way you
want to?
Do you carry your own money
when you go to the store to
shop?
Did you vote in the last
election?
Are any of your rights
restricted? If so, how does it
impact your life?
If any of your rights have been
restricted, did you or someone
else give consent?
What supports do you need to
exercise your rights?

 V.B. Staff recognizes and honors the individual's rights. Supporting regulations: 6-8-2; 6-8-3; 6-8-4 Probes: 1. Are staff trained to recognize and respect people's rights? 2. Are staff trained in procedures for placing a limitation or restriction on an individual's rights? 3. Do staff demonstrate respect for and honor people's rights? 	 Look at staff interactions with people to see if they promote choice and decision-making. Does staff respect people's privacy? Does staff block people's access to areas of the home? 	 Conversation with staff: Has the individual's ability/priorities to exercise their rights been assessed? How have you learned about the individual's rights and how do you know those rights are important to the individual? Conversation with staff: What rights are important to the individual? How do you know this? What is your role in supporting people to exercise their rights? What progress has been made by the individual in learning that necessary skill? What are some choices and decisions that the individual makes in their daily routine and life? What training have you received on people's rights? 	Review staff training records
V.C. The provider upholds due process requirements.		Conversation with staff:If the individual has any rights restrictions, have they been	 Review the behavior support plan if there are restrictive or intrusive procedures.
Supporting regulations: 6-8-3Probes:1. Does the provider have, or have access		 reviewed and approved by HRC. Have rights restrictions that affect everyone been reviewed by HRC? 	 Ask to see written informed consent and HRC approval. Look to see if there is any documentation for the use of

to, a working and effective Human Rights Committee (HRC)? 2. Has the HRC reviewed any policies, procedures and practices that have the potential for rights restrictions without an individualized assessment (such as blanket restrictions that affect more than one individual)? 3. Has informed consent and HRC review and approval been obtained for the use of any restrictive or intrusive interventions that are a part of a behavior support or medical plan? 4. Are staff trained in due process procedures?	 Does the individual have a behavior support plan or any other plan that is intrusive or restricts the individual's rights? If so, has the plan been reviewed and approved by HRC. What measures are in place to restore rights for people who have rights restrictions? restrictions and intrusive procedures. Are restrictions in the individual's ISP? Look for evidence that Human Rights Committee has reviewed restrictive practices in the home.
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VI. The Individual Has Meaningful Day Supports and Services

Services and supports assist the individual in transitioning successfully to his/her new environments, and assist the individual to achieve his/her goals and desires in this setting. The individual's preferences and goals are identified in their ISP. Supports are in place for the individual to make choices about the kinds of work they prefer and want to do. Staff is trained and has the skills to implement the individual's goals as outlined in the ISP. Supports and services needed to implement an individual's goals are detailed regarding when, where, and how needed supports and services are provided. The individual's daily routine reflects the implementation of preferred activities in the frequency desired.

Indicators	Spending Time With People	Conversations With People	Review of Documents
VI.A. The individual has meaningful work and activity choices.		Conversation with the individual:What are your goals and desires?	
Supporting regulations: 6-19-1; 6-19-5; 7-4-2; 7-4-3; 7-4-4; 7-5-5; 7-5-8;		 What kinds of activities do you enjoy? Do you have a job? How did you choose where to work? 	
 Probes: 1. Has the individual's preference been identify for the kinds of work and recreational activities they want to do? 2. Is the individual receiving the support to make choices about the kinds of work and activities they prefer? 		 Are you happy with your job? What kinds of things are you learning to do for yourself? Do you choose the activities you want to do? Are you getting the support that you think you need? 	
3. Are services and supports for the individual focused on assisting them to achieve their goals and desires? Are they identified in the individual's ISP?		Conversation with the staff: Has a satisfaction or preference assessment been completed for	

Are activities and work options age appropriate and culturally normative?		 this individual? Based on that assessment, what kinds of activities does the individual enjoy doing? How often do they do these activities? Other than the assessment, how did you learn the individual's preferences? How do you know if the individual likes a particular activity? What are the individual's goals? How is the individual supported to achieve their goals? 	
VI.B. The provider provides continuous and consistent services and supports for the individual Supporting regulations: 6-13-1; 6-14-4;	Observe interactions between staff and the individual to see how staff support people in making choices (what food to shop for, meals, waking and	 Conversation with people: How do you spend your day? Are you doing activities that you enjoy and to the extent you want? 	 Review the ISP, transition plan, training programs and data sheets. Are the individual's goals being implemented? Is there documentation that
6-19-6; 6-24-1; 6-24-2; 6-26-6; 7-4-4; 7- 4-5;	bed times, bathing times, how to use his/her leisure time etc).Observe for engagement and	Do you follow a schedule?Is it your schedule, or has someone else made it for you?	reflects how the individual spends their day? Is the individual doing the things they
Probes:	teaching within the normal	Conversation with staff:	enjoy?
 Are the individual's transition, risk and interim support plans current and present? Has the ISP been updated since the individual's move or has a meeting been 	 rhythm and routine of the day. Look to see if needed supplies and adaptive equipment for the individual are present? Are they in good repair? 	 Describe how the individual spends their day. How is the individual's routine different from others? What are some things the 	 Is there a documentation system for monitoring the individual's progress on goals and objectives?

scheduled to update it.	individual is learning?
3. Are supplies necessary for	When do the teaching
implementation of the individual's	opportunities occur?
transition, risk and support plans	Describe the teaching method
available?	for a skill the individual is
4. Has staff receive training in skills and	learning.
abilities needed to implement the	How and where do you
individual's supports and goals outlined	document the individual's
in their transition, risk and support	progress?
plans?	If an individual is not making
5. Are staff documenting that they are	progress on a teaching
providing services and supports in	program, who do you tell?
accordance with the individual's	How are important events (like
transition, risk and support plans?	medication changes, illness)
6. Are the individual's preferences	that impact the individual get
reflected in their daily routine?	communicated to all staff and
7. Does the individual's daily routines	team members; across
include when, where and how needed	environments and others
services and supports are provided?	important to the individual?
8. Does the provider have a system to	Show me the individual's ISP.
respond to changes in daily routines,	How is the implementation of
whether the changes occur due to	the ISP monitored?
individual's requests or to other	How were you trained in
reasons?	supporting the individual in
9. Does the provider have a system for	achieving their goals outlined in
ensuring important events that impact	their ISP?
the individual are effectively	
communicated between assigned staff,	
among team members, across different	
environments and to others important to	
the individual?	

available to support the individual?

VII. The Individual Has Supports for Community Integration

The individual is provided the opportunity to make choices from an array of options regarding community involvement. There are sufficient supports in place for the individual to be safe, successful and to be in the community to the extent that they want. The individual has the opportunity to access community services similar to the community at large. The individual has the opportunity to participate in activities that include both people with and people without disabilities

Indicators	Spending Time With People	Conversations With People	Review of Documents
VII.A. The Individual is a part of his/her communities		 Conversation with the individual: Where do you go in the community? How often do you 	Is there a system for supporting the individual with planning activities regarding where they
Supporting regulations: 6-24-1 Probes		go somewhere?Who do you spend time with?Do you go to church or belong	want to go, when they want to go and with whom they want to spend time with?
 Is the individual provided the opportunity to make choices from an array of options regarding community involvement? Are sufficient supports in place for the individual to be safe and successful and to be in the community to the extent they want? Does the individual have the opportunity 		 to a club? If you do, are there any responsibilities you have as part of your membership or participation? Who would complete your responsibilities if you were not there? Did you choose the medical 	Look at the individual's record to see how the individual's community involvement is documented.
to access community services similar to the community at large? 4. Does the individual have the opportunity to participate in activities that include both people with and people without		 clinic or doctors you see? Do you go to a barber (beauty) shop to get your hair done? Do you make your own schedule and decide where you 	

disabilities?	are going to go in the	
	community?	
	Conversation with staff:	
	 When was the last time the 	
	individual was in the	
	community? Was this with	
	everyone else? How did you	
	discover that this was the	
	community activity the	
	individual wanted?	
	 What activities does the 	
	individual engage in the	
	community that includes	
	people with and without	
	disabilities?	
	 What kind of supports does the 	
	individual need to become a	
	full, contributing member of his	
	community? Are these being	
	provided?	
	 What kinds of community 	
	services does the individual	
	access that are the same or	
	similar to the community at	
	large? (e.g. same health care	
	providers, transportation	
	systems, exercise gyms, etc)	
	• Does the individual ever engage	
	in activities that are not	

•	exclusively for people with disabilities? How are activities planned? Ask what activities are	
	scheduled for the evening/weekend day.	